

<h2 style="margin: 0;">Index of Claims</h2>	Application No. <div style="font-size: 1.5em; font-family: cursive;">10790011</div>	Applicant(s)  
	Examiner  	Art Unit  

<input checked="" type="checkbox"/>	Rejected	<input type="checkbox"/>	(Through numeral) Cancelled	<input type="checkbox"/> N	Non-Elected	<input type="checkbox"/> A	Appeal
<input type="checkbox"/>	Allowed	<input type="checkbox"/> +	Restricted	<input type="checkbox"/> I	Interference	<input type="checkbox"/> O	Objected

Claim		Date			
Final	Original				
<u>1</u>					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

Claim		Date			
Final	Original				
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					

Claim		Date			
Final	Original				
101					
102					
103					
104					
105					
106					
107					
108					
109					
110					
111					
112					
113					
114					
115					
116					
117					
118					
119					
120					
121					
122					
123					
124					
125					
126					
127					
128					
129					
130					
131					
132					
133					
134					
135					
136					
137					
138					
139					
140					
141					
142					
143					
144					
145					
146					
147					
148					
149					
150					